

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)



Complete if Known

Application Number	10/090,138
Filing Date	3/2/2002
First Named Inventor	Ali Mohammad Kujoory
Examiner Name	Kerri M. Dyke
Group/Art Unit	2667
Attorney Docket ID	Kujoory 2000-0487

Total number of pages in this Submission: this page, plus

17

ENCLOSURES (check all that apply)

If Fee Form is **not** included, but a fee is due, the Commissioner is Authorized to charge Deposit Account No **500732** of **Henry T. Brendzel**, and consider that appropriate requests that give rise to the fees (such as for an extension of time) have been made.

☒ Fee Form ☒ Check included☒ Amendment/Response☐ After Final☐ Affidavit(s)/Declaration(s)☐ Extension of Time Request☐ Information Disclosure Statement☐ Certified Copy of Priority document(s)☐ Response to Missing Parts/
Incomplete Application☐ Response to Missing Parts
under 37 CFR 1.2 or 1.53☐ Declaration (no Missing Parts Notice)☐ Assignment Papers
(for an Application)☒ Drawing(s) with marked up sheet☐ Licensing-related Papers☐ Petition Routing Slip (TO/SB/69)
and Accompanying Petition☐ To Convert a Provisional Application☐ Power of Attorney, Revocation or
Change of Correspondence Address☐ Express Abandonment☐ Terminal Disclaimer☐ To Convert to Statutory Invention
Registration☒ Postcard(s)☐ Small Entity Statement☐ Request for a Refund☐ After Allowance Communication
to group☐ Appeal Communication to Board of
Appeals and Interferences☐ Appeal Communications to Group
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☐ Other

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name

Henry T. Brendzel

Signature

Date

5/3/06

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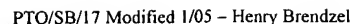
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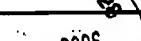
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 FEE TRANSMITTAL		<i>Complete if Known</i>	
		Application Number	10/090,138
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		Examiner Name	Kerri M. Dyke
		Group/Art Unit	2667
TOTAL AMOUNT OF PAYMENT	(\$) 100	Attorney Docket ID	Kujoory 2000-0487

METHOD OF PAYMENT:		Payment enclosed:	<input checked="checked" type="checkbox"/> Check	Deposit Account	Other:
The Commissioner is hereby authorized to charge indicated fees and other underpayments, and credit overpayments to:					
Deposit Account Number	500732		Deposit Account Name	Henry T. Brendzel	
ENTITY STATUS:		<input type="checkbox"/>	Small Entity Status is hereby requested		

FEE CALCULATION						
1. FILING FEE	Fee Description					Fee Paid
2. CLAIMS	Claims remaining	Highest Paid	Extra	Rate	Amount	Fee Paid
Total No. of Claims	49	47	2	50	100	
Independent Claims	2	3	0	200		
Multiply Dependent Claims						
		SUBTOTAL (2) (\$)				100

FEE CALCULATION (cont.)		
	Fee Description	Fee Paid
SUBTOTAL (2) (\$)		

SUBMITTED BY				Complete (if applicable)	
Typed or Printed Name	Henry T. Brendzel			Reg. Number	26,844
Signature			Date	5/3/06	Deposit Account User ID